

**Policy and Procedure Guide**  
**Office of Juvenile Services (OJS) Evaluation**  
**Effective August 1, 2004**  
(7/12/04)

**I. Introduction**

Nebraska Revised Statute (NRS) 43-413(3) requires that all juveniles (i.e., youth age 18 and younger) be evaluated prior to commitment to the Office of Juvenile Services (OJS). NRS 43-403(3) defines evaluation as an assessment of the juvenile's social, physical, psychological, and educational development and needs, including a recommendation as to an appropriate treatment plan.

The OJS evaluation consists of two parts: 1) the clinical assessment (medically based), and 2) the risk/needs assessment (OJS based).

The risk/needs assessment of the OJS evaluation is not changing.

The clinical assessment of the OJS assessment is changing, effective August 1, 2004. It will become the Comprehensive Child and Adolescent Assessment (CCAA). The CCAA is an in-depth multidisciplinary assessment of the behavioral health and substance abuse needs of youth, and is considered the first, clinical part of the OJS evaluation.

This change is being made to improve the uniformity, quality and timeliness of the OJS evaluations.

**II. Definitions and Terms:**

**CCAA:** The Comprehensive Child and Adolescent Assessment is an in-depth multidisciplinary assessment of the behavioral health and substance abuse needs of youth, age 18 and younger. The CCAA is the first, clinical part of the OJS Evaluation. The CCAA is -

- An enhanced assessment for a youth with behavioral symptoms and delinquent behaviors severe enough to call them to the attention of the juvenile court.
- Used by the treating professional(s) to determine a diagnosis and development of a comprehensive plan of care with treatment goals and objectives along with appropriate strategies and methods of intervention for the youth and his/her family.
- Completed prior to the initiation of treatment and must document the youth's current functioning and treatment needs.
- Completed by licensed professionals operating within their scope of practice. CCAA providers are enrolled in Medicaid as a MH/SA provider, credentialed and have a preferred provider contract with the Nebraska Medicaid Managed Care Program (NMMCP) MH/SA (Mental Health/Substance Abuse) Contractor.
  - 1) The OJS Evaluation is comprised of two parts: a) the assessment to establish treatment/medical recommendations (i.e., clinical/medically based), and b) need/risk assessment (i.e., non-clinical part/OJS based).
  - 2) The CCAA shall serve as the first, clinical, part of the Office of Juvenile Services (OJS) Evaluation.
  - 3) The CCAA is authorized by the Nebraska Medicaid Managed Care (NMMCP) Mental Health/Substance Abuse (MH/SA) Contractor, and paid through Medicaid/Child Welfare. The CCAA is completed when –
    - The youth has complex assessment needs that can not be met by a standard Pre-treatment Assessment (PTA), or with an assessment that is less comprehensive.
    - The assessment is not primarily for educational purposes.

- The youth has behavioral health symptoms or a history of behaviors which are so severe the youth cannot function safely in society because s/he presents a risk to self or others;
  - The CCAA can reasonably be expected to provide an accurate diagnosis, treatment recommendations, and appropriate strategies and methods of intervention; and
  - The youth has behavioral health symptoms and/or history of behaviors that are so severe, they interfere with age appropriate and developmentally relevant activities of daily living (i.e., education, family and peer relations, etc.).
- 4) The CCAA is completed prior to the initiation of treatment and must document the youth's current functioning and treatment needs.
  - 5) The completed CCAA is forwarded to the HHSS Office of Juvenile Services (OJS)/Protection and Safety (P&S) worker, who is responsible for completing the second part of the OJS evaluation and forwarding both parts to the court of jurisdiction.
  - 6) The OJS Evaluation, in its entirety, is utilized by the judge in making final recommendations for treatment and/or placement of the youth.

**CCAA Evaluation Locations:** There are two recommended locations for the CCAA. In most cases, Health and Human Services OJS/P&S shall determine whether a community-based or residential evaluation is most appropriate.

- 1) Community-Based Evaluation: The CCAA is completed in the youth's home, the clinician's office or another setting in the community where the youth normally resides. While the community-based evaluation is being completed, the youth resides in a setting in the community such as his/her home, shelter or detention center. Access to the client is arranged by appointment through the youth's parents or legal guardian.
  - A youth may be living in a locked facility such as Lancaster County Attention Center, Douglas County Youth Center, Sarpy County Detention Center, Wayne Detention Center and Scotts Bluff County Detention Center.
- 2) Residential Evaluation: The CCAA is completed in a residential facility provided or arranged by the preferred provider. A residential facility allows mental health professionals to observe the youth in a setting on a 24-hour basis, for a maximum of 3 days. Residential evaluations are conducted in a highly structured: staff secure and duly licensed residential setting. Residential evaluations may include a maximum of three (3) days board and room payment at \$150 per day.

**NMMCP MH/SA Contractor:** The contracted entity responsible for administering the MH/SA services for Nebraska Medicaid Managed Care Program (NMMCP). Currently, Health and Human Services System contracts with Magellan Behavioral Health.

**OJS Evaluation:** An Office of Juvenile Service (OJS) evaluation ordered by the court for a youth for the purpose of determining the appropriate plan of treatment and/or placement for the youth. The youth may already be a ward of the state. Or, the youth may be made a ward of the state so that s/he can receive the assessment. The OJS evaluation is comprised of two parts:

- 1) The assessment to establish treatment/medical recommendations (i.e., clinical/medically based), completed by the preferred provider team, and
- 2) The assessment of need/risk to re-offend/placement recommendations (i.e., the non-clinical part/OJS based), completed by the OJS Protection and Safety (P&S) worker.

**OJS Ward:** A youth age 18 and younger who has been adjudicated under Nebraska Revised Statute 43-247(1) and 43-247(2) and placed in the custody of the Office of Juvenile Services (OJS). These are clients who are involved with the juvenile justice system. These clients may or may not be made wards of the state after the evaluation is completed. The status of the youth rests with the judge and court of jurisdiction. Overall program coordination for these youth rests

with OJS Protection and Safety (P&S). After the OJS evaluation is completed, if the youth is not made a ward of the state, the P&S worker no longer has responsibility for these youth.

**Preferred Provide Panel:** The Preferred Provider Panel (PPP) are those teams of providers who are selected and credentialed to complete the CCAA. The purpose of the Preferred Provider Panel is to establish a team of providers with demonstrated proficiency in conducting and documenting assessments in a standard manner that will assist in treatment planning for children and adolescents, and that will maintain timely and quality assessments.

**Preferred Provider Team:** Each preferred provider team will have a group of professionals including, at a minimum, a Licensed Mental Health Practitioner (LMHP)/Certified Alcohol Drug Addiction Counselor (CADAC); Psychologist; Physician to complete the Wellness Check, if necessary; Licensed Clinician with documented expertise to conduct risk assessments (SO, eating disorder, etc.) and Psychiatrist. While the preferred provider team is comprised of many professionals, the CCAA will be coordinated and completed as one standardized report under one designated supervising practitioner. The CCAA is completed by a provider who is:

- 1) Enrolled as a Medicaid provider;
- 2) Selected to participate in the Preferred Provider Panel for the completion of the CCAA;
- 3) Contracted with the NMMCP MH/SA Contractor
- 4) Credentialed as part of the NMMCP MH/SA Contractor's network of providers;
- 5) Operating within his/her scope of practice;
- 6) Has completed CASI (Comprehensive Adolescent Severity Inventory) training; and
- 7) Nationally accredited.

**Pre-treatment Assessment:** The Pre-treatment Assessment (PTA) consists of two sections: 1) the biopsychosocial assessment that is completed by a psychiatric practitioner and 2) the initial diagnostic interview that is completed by a licensed practitioner of the healing arts who is able to diagnose and treat major mental illness within his/her scope of practice. The biopsychosocial assessment includes gathering information on the assessment through direct face-to-face interview, contact with the family and the comprehensive review of the member's past records. The Initial diagnostic interview includes a mental status exam and diagnosis. Both practitioners shall develop the recommendations and sign the assessment.

**Standardized Report:** The results of the CCAA shall be summarized in a standardized report that must be signed by the supervising practitioner. It is the responsibility of the supervising practitioner to coordinate the assessment information and make a final recommendation for treatment, and submit the standardized report with its supporting documentation to the NMMCP MH/SA contractor.

### **III. OJS Evaluation – Part I (Comprehensive Child and Adolescent Assessment)-**

#### **A. Components of the Comprehensive Child and Adolescent Assessment**

The Comprehensive Child and Adolescent Assessment is a comprehensive mental health and/or substance abuse assessment for youth, age 18 and younger. The purpose of the assessment is to determine the diagnosis and treatment needs of the youth.

The CCAA results in a standardized report that must be signed by the supervising practitioner. It is the responsibility of the supervising practitioner to coordinate all the assessment information, make a final recommendation for treatment and sequence the order of treatment if more than one recommendation is made. The standardized report may be used by treating professionals, probation officers, Protection and Safety Workers, Courts/Judges, and will assist them in providing treatment and service to the youth.

The assessment is used by treating professionals to develop a comprehensive plan of care with treatment goals and objectives along with appropriate strategies and methods of intervention for the youth and his/her family.

Effective August 1, 2004, for youth age 18 and younger, who have behavioral symptoms and delinquent behaviors severe enough to call them to the attention of the juvenile court, the evaluation ordered by the court (standard operating procedures) will be the Comprehensive Child and Adolescent Assessment (CCAA) according to the following guidelines. The CCAA is an in-depth multidisciplinary assessment of the behavioral health and substance abuse needs of youth and is considered the first, clinical part of an OJS Evaluation. The CCAA shall be completed for all OJS evaluations, regardless of the youth's Medicaid status (non-Medicaid, Medicaid and Managed Care).

Effective August 1, 2004, if a youth has received a CCAA in the last twelve months, and the court orders a subsequent evaluation, the preferred provider shall complete an addendum to "update" the current CCAA assessment.

The Comprehensive Child and Adolescent Assessment (CCAA), completed by the Preferred Provider team, is comprised of eight (8) components.

- 1) All eight components must be included in the standardized report, as clinically indicated and appropriate. The eight components are:
  - a. Records Search – A review and summarization of the youth's records, to include, but not be limited to, past evaluations, past psychiatric treatment records, information from current providers, school records, child welfare records, juvenile probation and juvenile diversion records and other relevant historical information.
  - b. Collateral Contacts – A review and summarization of any collateral contacts that are relevant to the comprehensive assessment. At a minimum, this shall include the child's school, HHSS (Health and Human Services System) caseworker, and past and present treatment providers.
  - c. Family Assessment – A current, assessment completed by an appropriately licensed MH/SA provider, which addresses the family functioning, family dynamics and their impact on the youth's treatment needs. The family assessment shall include all parents identified by the OJS P&S worker. If not, the assessment shall contain documentation as to why all parents identified were not included. The assessment is based on a direct face-to-face interview conducted in a clinician's office or in the youth's home, pursuant to the contract requirement of conducting at least twenty percent of the interviews in the youth's home.
  - d. CASI – Completion of all ten (10) elements of the Comprehensive Adolescent Severity Inventory, which includes

- 1) Health Information
  - 2) Stressful Life Events
  - 3) Education
  - 4) Drug/Alcohol Use
  - 5) Use of Free Time
  - 6) Peer Relationships
  - 7) Sexual Behavior
  - 8) Family/Household Members
  - 9) Legal Issues and
  - 10) Mental Health
- e. Initial Diagnostic Interview – A review of the first four components of the CCAA, and the youth's Wellness Check, interview with the youth, evaluation of current medication or recommendations for medication and its management, completion of a Mental Status Exam, and a DSM IV diagnosis, if appropriate.
- f. Wellness Check – A wellness check includes, but is not limited to the following:
- 1) Physical description of the youth (i.e., hair and eye color, distinguishing marks, tattoos, etc.), height, weight, blood pressure, pulse, temperature, vision test, hearing test, and medical history. The youth who receives the Wellness Check/Health Check will receive subsequent follow-up as deemed medically necessary by the medical authority.
  - 2) Any pertinent laboratory tests completed by medical professionals working within their scope of practice to determine whether the youth tests positive for marijuana, cocaine or methamphetamine usage; tuberculosis; or pregnancy. Include a full written explanation when these tests are not completed.
  - 3) Sexually Transmitted Disease (STD) testing (excluding HIV testing), if ordered by medical staff.
  - 4) HIV testing is not required. However, if HIV testing is indicated, this should be noted in the recommendation.
- If a Wellness Check/Health Check has been conducted in the past 12 months, it should be identified during the Record Search Component and included with the Supporting Documentation.
  - A new Wellness Check/Health Check is not required if the current one completed within the last 12 months is representative of the youth's medical situation.
  - If there has not been a Wellness Check/Health Check conducted in the past 12 months, one should be done during the 10-day residential or community-based evaluation.
  - If possible, it is preferable to have the Wellness Check/Health Check completed by the youth's primary care physician and the result of the examination included with this assessment.
  - If this is not possible, a Wellness Check/HealthCheck should be conducted by a member of the Preferred Provider Team.
- g. Standardized Report - The standardized report should adhere to the following recommended format:
- 1) Demographics
  - 2) Presenting problem/primary complaint
  - 3) Medical history
  - 4) School/work/military history
  - 5) Alcohol/Drug history summary
  - 6) Legal history (information from the Juvenile Justice System)
  - 7) Family/social/peer history-in home/in office
  - 8) Psychiatric/behavioral history-psychotropic medication
  - 9) Collateral information (family/friends/criminal justice/victim issues)
  - 10) Case formulation, i.e., how these conclusions were arrived at, what causes the youth to behave as s/he does, etc.
  - 11) Clinical impression

- 12) Substance abuse recommendations, if applicable. Include primary/ideal level of care recommendation, available level of care/barriers to ideal recommendation and youth/family response to recommendation.
  - 13) Mental health recommendations, if applicable. Include treatment needs and level of care (recommendations for youth and family according to Medicaid clinical guidelines); who needs to be involved in the treatment; areas needing further evaluation; and client/family response to recommendations.
    - If more than one recommendation is made, such as substance abuse and mental health treatment or substance abuse and conduct disorder, the supervising practitioner must identify how the two recommendations should be sequenced and coordinated.
  - 14) Recommendations. The recommendations must be developed by all the practitioners participating in the CCAA, and signed by the supervising practitioner.
    - The supervising practitioner must complete all necessary requests for authorization, treatment referrals and written applications, as required for services such as but not limited to RTC (Residential Treatment Care), ETGH (Enhanced Treatment Group Home), TGH (Treatment Group Home) and TFC (Treatment Foster Care).
    - The supervising practitioner shall also participate in all peer and reconsideration reviews associated with these requests, as appropriate.
  - 15) Supporting Documentation. Include a list of records reviewed and identify the source of each, an organized summary of record search, and a list of collateral contacts by facility, contact persons and date contacted.
- h. Psychological Testing and Other Mental Health Assessments - Psychological testing and other mental health assessments, if clinically applicable and appropriate, shall be arranged and completed as part of the CCAA.
- 1) Any additional testing/assessment shall be authorized/billed separately from the CCAA, but shall be considered part of the CCAA and completed under the direction of the supervising practitioner. This may include, but is not limited to, a Psychological Testing, Sex Offender Risk Assessment and Eating Disorder Assessment.
  - 2) The results of any additional testing/assessment shall be incorporated into the CCAA.
  - 3) Any additional testing/assessment shall be completed within the specified ten-day evaluation period.
  - 4) Any additional testing/assessment shall be arranged and completed as part of the CCAA, under the direction of the supervising practitioner.

## **B. Timelines for Completion of the Comprehensive Child and Adolescent Assessment**

All eight (8) components of the CCAA, as clinically indicated, including the standardized report with supporting documentation and any related psychological and other mental health assessment, shall be completed and delivered to the NMMCP MH/SA Contractor within ten (10) working days.

- Day one (1) begins with the day following receipt of the request to complete the CCAA.
- The completed CCAA must be received by no later than 5:00 p.m. on the tenth day.
- If the timeline is not met, the preferred provider team shall accept a \$50 per day penalty.

#### **IV. OJS Evaluation – Part II (Non-Treatment Recommendations/Evaluations)**

The Health and Human Services System (HHSS) Office of Juvenile Justice (OJS)/Protection & Safety (P&S) Staff are responsible for completing Part II of the assessment, which is comprised of the following components.

- 1) OJS Initial Classification, which determines the level of supervision required.
- 2) OJS Risk Assessment, which identifies the client's risk to re-offend, and includes, but is not limited to, the following:
  - Information pertaining to the number of prior arrests,
  - Age at first arrest,
  - Prior petition for auto theft or robbery,
  - Prior out of home placements,
  - Peer relationships,
  - School truancy history,
  - Educational achievement,
  - Alcohol or drug problems, and
  - History of neglect.
- 3) HHSS Youth Needs Assessment, which identifies, but is not limited to,
  - The abilities of the family to be involved with the client, and includes information pertaining to substance abuse of the parent,
  - Conflict at home,
  - Living situation,
  - Parenting skills,
  - Caretaker disabilities,
  - Intra-family sex abuse (excluding the client),
  - Family criminality,
  - Peer relationships,
  - School behavior,
  - Intellectual/educational deficits,
  - Vocational education/employment and
  - Substance abuse of the youth.
- 4) Cover Letter, which summarizes the findings and recommendations of the entire evaluation.

The OJS/P&S worker shall coordinate and forward the assessment in its entirety to the court of jurisdiction. The OJS evaluation (Parts I & II) shall be completed within thirty (30) calendar days.

#### **V. Coordination between the Court of Jurisdiction, OJS/P&S, the NMMCP MH/SA Contractor, the Preferred Provide Team and Health and Human Services-Finance & Support (Medicaid)**

Coordination between the Court of Jurisdiction, OJS/P&S, the NMMCP MH/SA Contractor, the Preferred Provider Panel, and Health and Human Services-Finance & Support (Medicaid) shall include the following steps. The OJS Evaluation in its entirety shall be completed in thirty (30) calendar days. Each phase of the process shall be expedited, whenever possible.

- **Day 1-5 (OJS P&S)** – The OJS P&S worker receives court order and other information from the court. The worker shall reviews the information, obtains any additional information, completes any necessary release of information forms, determines the type of evaluation (community-based or residential), notifies the NMMCP MH/SA Contractor, and forwards the completed packet of information to the NMMCP MH/SA Contractor.
- **Day 6-23 (NMMCP MH/SA Contractor and Preferred Provider Team)** – The NMMCP MH/SA Contractor contacts the Preferred Provider Team, arranges for the CCAA to be completed, and forwards the information to the Preferred Provider Team. The Preferred

Provider Team completes the CCAA and returns the completed CCAA to the NMMCP MH/SA Contractor. The NMMCP MH/SA Contractor reviews and forwards the completed CCAA along with all supportive documentation to the OJS P&S worker.

- **Day 24-30 (OJS P&S)** – OJS P&S completes the OJS Evaluation and forwards the completed evaluation to the court of jurisdiction on the 30<sup>th</sup> day by 5:00 p.m.

#### **A. Court of Jurisdiction**

The Court of Jurisdiction is responsible for the following activities:

1. The court shall -
  - Issue the court order for the evaluation,
  - Authorize the release of Mandatory Juvenile/Parental Information, Pre-Disposition (PDI) Investigation from Probation, and any other pertinent family/youth information,
  - Complete any necessary release of information forms for all pertinent contacts, e.g., medical, school, etc.
  - Order any necessary transportation, and.
  - Ensure an understanding to participate in the evaluation by the youth, and the youth's family.
2. The court shall forward the court order, Mandatory Juvenile/Parental Information, and other information to the OJS P&S Worker.
3. After the OJS Evaluation is completed, make the final order for level of care for the youth.

#### **B. OJS/P&S**

OJS/P&S is responsible for the following activities:

1. As part of the initial court proceedings, provide the family/youth with an informational sheet explaining the OJS evaluation.
2. Enter all information on NFOCUS within two (2) working days of receipt of the court order.
  - a. Determine if there is an existing CFS and Medicaid case on NFOCUS. If yes, make any necessary revisions. If not, open a new case (i.e., CFS and Medicaid).
  - b. Check claims history to establish whether a PTA, Wellness Check/Health Check, or other MH/SA services have been provided within the last twelve (12) months.
  - c. Complete all necessary release of information forms to allow the Preferred Provider to obtain applicable records.
  - d. Establish Medicaid eligibility effective with the month of ward-ship.
  - e. Determine whether the CCAA shall be a community-based or residential evaluation,.
  - f. For a non-Medicaid ward, complete a letter of agreement.
3. If all of the information necessary to complete this part of the process is not received from the court, obtain the information through other means, i.e., probation office, school, DMV records, etc.
  - If the required release of information is not received with the court order, the OJS/P&S worker shall obtain the appropriate signed release either from the youth's parents or the youth's guardian or from the youth's ongoing HHSS P&S worker (if the juvenile is already a ward). For a youth that is made a ward of the state for purposes of the OJS evaluation only, the OJS/P&S worker may sign the release of information.
4. Compile the packet of information and send via overnight delivery to the NMMCP MH/SA Contractor within two working days following receipt of the court order. Include the **tracking form** with all pertinent dates identified. The OJS/P&S worker

shall follow-up with an email to the NMMCP MH/SA Contractor to confirm that the information was sent. The packet shall include the following documents:

- a. Court order.
  - b. Release of information form(s) to allow the Preferred Provider to access the youth's medical, school and other records.
  - c. Mandatory Juvenile/Parental Information
  - d. Pre-Disposition Investigation
  - e. Other Family/Youth Information
  - f. Letter of Agreement for a non-Medicaid eligible ward.
  - g. Social Security Number and Date of Birth. If available, include the youth's Medicaid number.
  - h. If a youth is already a ward, a copy of the current/previous case plan, any pertinent court report(s) and all initial/ongoing youth and/or family assessments.
  - i. Next scheduled court date.
5. Continue to coordinate with the NMMCP MH/SA Contractor to ensure that the Preferred Provider has adequate information to complete the CCAA in a timely and efficient manner.
  6. Notify the court of any recommendations for immediate treatment, and keep the youth's family informed of similar recommendations.
  7. Following receipt of the completed CCAA, if necessary, contact the NMMCP MH/SA Contractor to obtain any additional information or clarification. The NMMCP MH/SA Contractor shall work with the Preferred Provider to provide such information.
  8. Complete Part II of the OJS evaluation, to include the OJS Initial Classification, OJS Risk Assessment, and HHSS Needs Assessment, and Cover Letter summarizing the findings and recommendations.
  9. Send via overnight delivery a copy of the entire OJS evaluation, to include the CCAA and any supporting documentation (i.e., Part I) along with the completed Part II, to the court of jurisdiction.
  10. If necessary, expedite the subsequent court date to facilitate any treatment/placement issues.
  11. Maintain a copy of the completed OJS evaluation in the OJS file. Future evaluations shall build on the current evaluation.
  12. Complete necessary eligibility actions, using either a or b.
    - a. If the case is open for "Eval Only" and the court does not make the youth a ward of HHS-OJS or HHS, change the youth's legal status from "Eval Only" to "Non-Ward", and close the CFS case. This action will also close the Medicaid case. **IMMEDIATELY (i.e., the same day) a worker MUST create a Medicaid case if applicable, for any month(s) for which the youth is entitled under six month(s) Continuous Medicaid Eligibility. (It is critical that all case actions be completed on the same day to avoid a break in Medicaid or managed care coverage).**
    - b. If the court makes the youth a ward of HHS or HHS-OJS, change the legal status from "Eval Only" to the appropriate legal status. The youth's Medicaid coverage will continue in the CFS case.

### C. NMMCP MH/SA Contractor

The NMMCP MH/SA Contractor shall complete the following activities:

1. Review the packet of information and ensure its completeness.
2. Contact an appropriate Preferred Provider to complete the CCAA.
3. Verify the eligibility status of the youth via the daily fee-for-service, managed care enrollment file or letter of agreement (for non-Medicaid eligible youth).
  - a. If the youth is non-Medicaid eligible, notify HHSS and proceed with the request for the CCAA.

- b. If the youth is Medicaid-eligible but not managed care eligible, contact HHSS and proceed with the request for the CCAA.
  - c. If the youth is managed care eligible, proceed with the request for CCAA.
4. Enter an authorization into the system for the ten-day evaluation period.
  - a. Authorize the CCAA (one unit for the assessment component and up to three units for the residential component), any related psychological testing and other mental health assessments, and any transportation for the youth, with the same ten-day evaluation period.
  - b. Arrange for the youth's transportation if necessary.
  - c. Manually "authorize" the services for a non-Medicaid eligible youth.
5. Send via overnight delivery a copy of the evaluation packet to the Preferred Provider. Include the **tracking form** with appropriate dates. The packet shall include the following:
  - a. Referral Letter (with authorization number, CPT code and date range).
  - b. All documents received from the OJS/P&S worker.
6. Track the ten-day evaluation period, beginning with the day after the Preferred Provider receives the packet of information.
  - a. If a youth runs, or other similar reasons occur, stop/start the clock for evaluation purposes. The authorization dates shall be extended accordingly to allow for the additional days to complete the evaluation. Notify the OJS P&S worker if this occurs.
7. Receive the completed CCAA and related documentation.
  - a. Identify the receipt date on the **tracking form**. The completed CCAA shall be received at 5:00 p.m. CST on the tenth day to be considered timely.
  - b. Review the packet and all related applications for treatment for completeness and quality.
  - c. Review all applications for treatment.
    - If requested and level of care meets criteria, authorize the recommended care.
    - If the requested level of care cannot be authorized, forward the application to the Medical Director for review and discussion (i.e., peer review level).
    - If the Medical Director agrees with the preferred provider, authorize the care.
    - If not, and the preferred provider agrees with the Medical Director, the preferred provider shall amend the CCAA recommendations and make the necessary changes to the application for level of care.
    - If the preferred provider and the Medical Director are unable to agree, the information shall be forwarded for expedited reconsideration.
    - Conclude all recommendations and authorization for any level of care applications before forwarding the completed CCAA to the OJS P&S worker.
  - d. If the preferred provider recommends immediate treatment, the NMMCP MH/SA contractor shall contact the OJS P&S worker who shall approve the recommendation.
    - The OJS P&S worker shall notify the court and the youth's family.
    - If necessary, the OJS P&S worker shall request an emergency court hearing.
  - e. Complete the required quality assessments, i.e., timeliness and completeness of the CCAA, appropriateness of the sub-acute applications, etc.
  - f. Maintain a log of any late evaluations and assess the appropriate penalty.
  - g. Submit a quarterly report to HHSS to identify the penalty for each Preferred Provider.
8. Send via overnight delivery a copy of the final CCAA and all supporting documents to OJS/P&S immediately following approval that the CCAA is complete. Include the **tracking form** with identified dates.
9. Continue to coordinate with OJS/P&S and the Preferred Provider to provide any additional information or clarification.

10. Continue to coordinate with HHSS to complete the payment for the CCAA and all related evaluations associated with the OJS evaluation.

#### **D. Preferred Provider Panel**

The Preferred Provider Panel shall complete the following activities:

1. Coordinate the availability for completion of the CCAA with the NMMCP MH/SA Contractor.
2. Review the packet of information upon receipt and notify the NMMCP MH/SA Contractor if any pertinent documents are missing.
  - a. Concur with the NMMCP MH/SA Contractor on the begin date for the CCAA ten-day completion requirement.
3. Coordinate all necessary evaluations and record review to be completed within the allowed ten-day evaluation period.
4. Notify the NMMCP MH/SA Contractor if immediate treatment is recommended. The NMMCP MH/SA Contractor will notify the OJS P&S worker who shall approve and notify the court of jurisdiction and the youth's family.
5. Complete the CCAA as required. Send via overnight delivery a copy of the CCAA and all pertinent documents, including all applications for treatment, to the NMMCP MH/SA Contractor within the allowed ten-day timeframe. Include the **tracking form** with identified dates.
6. Coordinate with the NMMCP MH/SA Contractor for any related peer and reconsideration reviews.
  - Modify the final recommendations and applications for treatment, if necessary, based on the outcome of the peer and reconsideration reviews.
7. Coordinate with the NMMCP MH/SA Contractor for any additional information or clarification requested by OJS/P&S.
8. Maintain a copy of the evaluation, and all supporting documentation, for review if future evaluations are ordered.
9. Submit necessary claim forms (Form HCFA1500 and/or UB92) to HHSS for payment.

#### **E. Health and Human Services-Finance and Support (Medicaid)**

The Medicaid agency shall be responsible for the following activities:

1. Monitor and track the completion of the OJS Evaluations ensuring timeliness and completeness.
2. Issue a daily enrollment file to the NMMCP MH/SA Contractor. This report shall identify managed care wards with the effective date of managed care.
3. Issue a daily fee-for-service file to identify Medicaid-eligible wards with the effective date of Medicaid eligibility. The ward won't appear on this file if they are on the managed care file.
4. Identify non-Medicaid eligible wards and coordinate with the NMMCP MH/SA Contractor.
5. Identify the month(s) managed care enrollment on the Nebraska Medicaid Eligibility System (NMES). The first month of eligibility (i.e., month of wardship) shall not appear on the managed care history file until the first prospective month of eligibility.
6. The OJS Ward will receive the fee-for-service Medicaid card and a managed care notice of finding the end of the first month of managed care enrollment, effective the first day of the month of wardship.
7. Receive claims from the Preferred Provider and ensure timely payment.
  - a. Make appropriate adjustments for assessed penalties, on a quarterly basis.

- b. Make a note on the integrated database to identify the CCAA and related expenses for future auditing purposes.
  - c. For managed care eligible wards, process the CCAA, board and room and any related psychological testing and other mental health assessments through MMIS. Complete appropriate fund transfer between Medicaid and Child Welfare for the board and room component.
  - d. For Medicaid-eligible, non-managed care wards, process any related psychological testing and other mental health assessments through MMIS. Complete payment through Child Welfare for the CCAA and board and room component.
  - e. For non-Medicaid eligible wards, process payment for the CCAA, board and room and any related psychological testing and other mental health assessments through Child Welfare.
8. Monitor the cost-effectiveness of the OJS Evaluations.

## VI. Billing/Claims Payment

The Preferred Provider team shall follow the guidelines below for requesting payment:

- a. Prior-Authorization Requirements: The CCAA, and any related psychological testing and other mental health assessments shall be prior-authorized by the designated NMMCP MH/SA contractor.
  - 1) The applicable claim form shall contain the appropriate authorization number issued by the NMMCP MH/SA Contractor.
  - 2) One authorization number for the H2000, with the allowable number of units (one unit for the assessment component and up to three units for the residential component).
    - The NMMCP MH/SA Contractor shall authorize the CCAA and any related psychological testing and other mental health assessments for managed care, Medicaid and non-Medicaid youth (manually).
  - 3) Each preferred provider team shall be issued a provider number specific to the CCAA.
  - 4) Any related psychological testing and other mental health assessments shall be authorized and billed using appropriate provider number for the applicable service being provided.
  - 5) Client transportation shall be authorized separately. Provider transportation is included in the H2000 procedure code.
  - 6) The authorized dates(s) of service for the H2000 procedure code, and any related psychological testing and other mental health assessments, shall include a from/to date to identify the allowable ten-day evaluation period.
  - 7) The Wellness Check/Health Check, if applicable, does not require prior-authorization. The Wellness Check/Health Check will be billed by the primary care physician and may be submitted to HHSS separate from the other claim form(s).
  - 8) If the CCAA is stopped for an acceptable reason, the authorization and timeframe will not be stopped but shall be extended on the authorization system for the applicable number of days.
  - 9) All other ongoing MH/SA services (not related to the CCAA) may be authorized separate from the CCAA, according to standard procedures.
- b. Claims Payment/Processing Requirements. For managed care wards, all claims information will be submitted together to HHSS-Finance and Support Claims Payment for processing. The applicable claim forms for the CCAA shall be completed by the supervising practitioner and submitted to HHSS. Claims forms for any psychological testing and other mental health assessments shall be completed by the provider providing the service, and may be submitted separate from the CCAA, according to standard claims processing instructions.
  - For Medicaid-eligible non-managed care wards, and for non-Medicaid eligible wards, all claims associated with the CCAA shall be packaged and submitted to HHSS-Finance and Support Attention: Betsie Walles.
- 1) The supervising practitioner shall complete the appropriate claim using the appropriate procedure code and authorization number.
  - a. If the CCAA is completed at a community-based location, without a residential component, procedure code H2000 (maximum of 1 unit) shall be used and paid at \$844.66 per assessment on Form CMS1500 (claim type 02).
  - b. If the CCAA is completed at a residential hospital-based location, procedure code H2000 (maximum 1 unit) shall be used and paid at \$844.66 per assessment and H2000U1 (up to a maximum of 3 units) shall be used to claim board and room at \$150 per day, on Form UB92.
  - c. If the CCAA is completed at a residential location but in a non-hospital based location, procedure code H2000 (maximum 1 unit) shall be used and paid at \$844.66 per assessment and H2000U1 (up to a maximum of 3 units) shall be used to claim board and room at \$150 per day, on Form CMS1500.

- 2) The applicable claim form shall indicate the provider number issued to the preferred provider team as the “pay to” provider. Any related psychological testing and other mental health assessments shall be authorized and billed using appropriate provider number and procedures codes for the applicable service being provided.
  - 3) The procedure code H2000/H2000U1 shall be limited to one CCAA per year.
  - 4) All claims processing rules shall apply to the CCAA.
  - 5) All other Medicaid-coverable services, not part of the CCAA, shall be billed via standard claims payment processes.
- c. Cost Reimbursement Requirements.
- 1) If the youth is enrolled in managed care (effective with the month of ward-ship), the CCAA and any related psychological testing and other mental health assessments shall be paid through Medicaid and considered a managed care service. Medicaid shall pay the board and room component but shall receive reimbursement from child welfare funds.
    - Effective with the implementation of this process (i.e., August 1, 2004), all wards considered mandatory for managed care shall be enrolled in managed care effective with the month of ward-ship.
  - 2) If the youth is not considered mandatory for managed care but is Medicaid-eligible, only related psychological testing and other mental health assessments shall be paid through Medicaid, if Medicaid coverable. Medicaid shall coordinate payment with child welfare for the CCAA, board and room component and any other applicable non-Medicaid-coverable service.
  - 3) If the youth is not Medicaid-eligible, the CCAA, board and room, and any related psychological testing and other mental health assessments shall be manually paid through child welfare funds (less any Third Party Resources, TPR).
  - 4) For managed care wards, and Medicaid-eligible non-managed care wards, the CCAA and any related psychological testing and other mental health assessments shall not be cost avoided for Third Party Reimbursement purposes. These services shall be considered “pay and chase”.
    - TPR for non-Medicaid eligible youth shall be cost-avoided. The OJS P&S worker shall continue to identify the TPR on the letter of agreement for coordination of benefits between the provider and the youth’s family.
  - 5) The NMMCP MH/SA Contractor shall forward the recommended penalties and supporting documentation to HHSS Finance and Support on a quarterly basis. Adjustments shall be made according to standard Medicaid recoupment procedures (i.e., claim specific).